Antimicrobial Resistance Surveillance Taskforce Update

CLIAC
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ARSTF

Impetus for Creating the Taskforce

- In 2016 recognition of the need for comprehensive systematic AR surveillance planning, CSTE adopted Position Statement 13-SI-01, which led to the establishment of the **Antimicrobial Resistance Surveillance Task Force (ARSTF)** by the Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and Prevention (CDC), and the Association of Public Health Laboratories.

- The Task Force was envisioned to last 3 years.

ARSTF Vision Statement

A comprehensive national public health antimicrobial resistance surveillance system, coordinated at the federal, state and local levels, ensures that surveillance data play a key role in preventing and reducing resistance.

This well-resourced system:

- Integrates and expands multiple related and foundational surveillance systems including those for disease reporting/notification, isolate submission, and facility-based reporting using NHSN.
- Uses technologies that are automated and standardized to the extent possible to generate accurate, timely, accessible, and useful data that enable public health institutional interventions to be taken
- Reflects role clarity and communication across the public health and clinical sectors to assure optimal efficacy
- Ensures that data collection, reporting, and analytical requirements draw on existing data where possible and avoid undue burden on facilities' stakeholders
- Builds in flexibility so that the system can respond to existing and emerging global pathogens, including allowing for data comparison with other countries

Goals of Task Force

- Taskforce developed strategic map in March 2017.
- Convened 3 Workgroups to execute 2017-18 priorities
- The Workgroups conducted assessments to inform a series of recently published a report outlining 20 recommendations 14 of which are laboratory related.
- The Taskforce will focus on implementation of those recommendations in 2018-19.

The ARSTF Year 2 Report and Recommendations for Antimicrobial Resistance Surveillance in the United States can be found at:

https://cdn.ymaws.com/www.cste.org/resource/resmgr/arstf/ARSTF_Year_2_Report_and_Reco.pdf

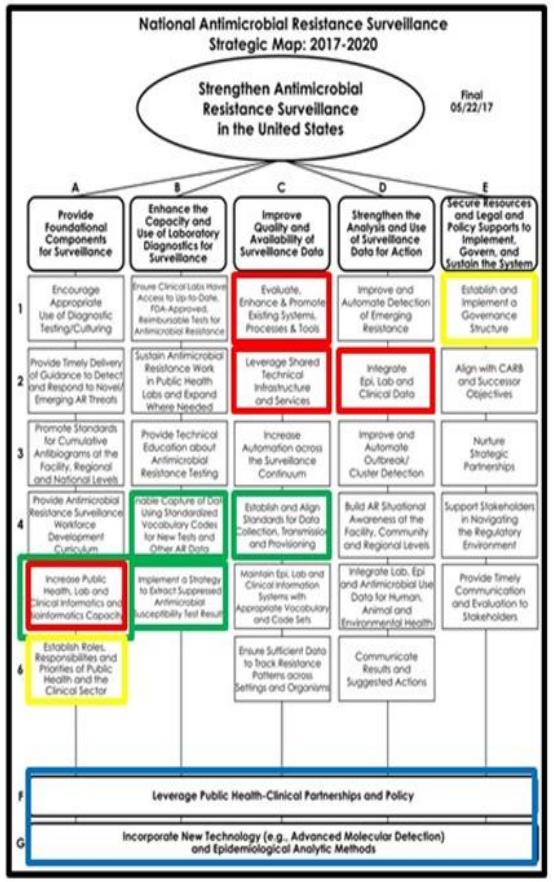
ARSTF planning objectives for July '17 - June '18

Core (Gov) WG

Informatics WG

Lab WG

Crosscutting



ARSTF Recommendations

Recommendation Topic Areas

- Terminology/Data Standards Use of Standardized Codes
- Breakpoints
- Data Suppression
- AR Electronic Laboratory Reporting
- National Notifiable Disease Surveillance System
- Linking Laboratory and Epi Data
- Informatics to Track AR Among Healthcare Facilities
- Sustainability of AR Surveillance and the Work of the Task Force
- Surveillance Scope

Recommendations:
Terminology/ Data Standards Use of Standardized Codes

Identify/create LOINC codes for all relevant tests and SNOMED codes for pathogens and corresponding test results for all AR pathogens and AST, and a process for timely establishment of these codes

- Support efforts to routinely include standard codes in package inserts for proprietary tests. (e.g. SHEILD)
- Routinely include LOINC/ SNOWMED code recommendations in laboratory guidance documents. (e.g. CLSI)

Recommendation: Breakpoints

- Encourage the adoption of the President's Advisory Council – Combatting Antibiotic Resistant Bacteria recommendation that use of most up to date breakpoints becomes a CLIA Requirement

PAC-CARB Recommendation: *CLIA requirements to update microbiology laboratories' technology as part of the accreditation process.*

For example, require laboratories to adopt updated breakpoints and newer technologies (e.g., matrix-assisted laser distortion/ionization-time of flight [MALDI-TOF] and multiplex polymerase chain reaction [PCR]) once available as a condition of approval.

Recommendations: Data Suppression (Information Gathering)

- Gather more information on the reasons surrounding data suppression, including why those data are suppressed, and which of those data may be helpful or harmful to appropriate and useful clinical and public health interventions

- Gather list of expert rules from instrument manufacturers. Evaluate how those rules would impact public health surveillance data.

- Assess the effect of data suppression rules on the availability and usefulness of resistance data on the data currently reported via the NHSN AUR module.

Data Suppression: Guidance Development

- Develop guidance for laboratories on how to approach de-suppression of data for public health purposes (e.g. CLSI M39).
- Include recommendations on how to apply suppression rules for public health surveillance to de-suppress appropriately.

Questions for CLIAC

1. What impact would requiring use of updated breakpoints have on clinical laboratories?
2. Are there alternative strategies or approaches to encourage the use of appropriate breakpoints in clinical laboratories that ARSTF should consider?
3. Would CLIAC consider making a recommendation on breakpoints similar to that of PAC-CARB's?